

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | CERTIFICATE OF ADOPTIVE INFORMATION | CASE NO. |
|--|--|-----------------|

1. In the matter of
(name(s), alias(es), DOB) _____
2. The tribal affiliation of the child is _____.
3. The names and addresses of the natural parents of the child are:

| | |
|--|--|
| Name of natural father (type or print) _____ | Name of natural mother (type or print) _____ |
| Address _____ | Address _____ |
| City, state, and zip _____ | City, state, and zip _____ |
4. The names and addresses of the adoptive parents of the child are:

| | |
|---|---|
| Name of adoptive father (type or print) _____ | Name of adoptive mother (type or print) _____ |
| Address _____ | Address _____ |
| City, state, and zip _____ | City, state, and zip _____ |
5. The name of the agency having information pertaining to the adoption is _____
_____.

Date_____
Signature

Do not write below this line - For court use only